

Vitalitas

Solutions for a Better Life

How Would YOU Answer These 4 Questions?

- Are you concerned about the food you and your family eat?
- Do you and your family need to eat more fruits and vegetables?
- Are you sluggish, out of energy, fatigued, especially in the afternoon?
- If there were an easy, simple, convenient, money-saving way to get your fruits and vegetables, and have all day energy naturally, every single day, would that be of interest to you?

If You Answered YES
LOOK INSIDE!

Total Health Evaluation

Please Note: This is a self-evaluation for your personal use only.

Do not put your name, address or any other personal data.

In what order of importance would you put these?
Your Health? _____ Saving Money? _____ The Environment? _____

Part 1 Vitamins and Supplements

1. Are you concerned about the food you and your family eat?
Yes_____ No_____
2. Do you think you and your family need to eat more fruits and vegetables? Yes_____ No_____
3. Are you sluggish, out of energy, or fatigued, especially in the afternoon? Yes_____ No_____
4. Do you take vitamins or supplements? Yes_____ No_____
5. Do you consume energy drinks? Yes_____ No_____
6. How much do you spend on nutritional or energy products? _____

Part 2 Drinking Water

1. Do you drink municipal, well, bottled, or filtered water? _____
2. Would you intentionally drink anything acidic? Yes_____ No_____
3. Do you know anyone that has gout or acid reflux? Yes___ No___
4. Do you know anyone with trouble with elimination, constipation, diabetes, Crohn's disease, osteoporosis, chronic inflammation, arthritis, chronic pain or a weight condition? Yes_____ No_____
5. How much do you spend on your water? _____

Part 3 Air Quality

1. Do people in your home have asthma, allergies, sinus congestion or difficulty sleeping through the night? Yes___ No___
2. Any musty odors, or mold or mildew in your home? Yes___ No___
3. Are you concerned about bacteria in the air and on household surfaces? Yes_____ No_____
4. Does anyone in the home smoke? Yes_____ No_____
5. Do you have problems with cooking or pet odors? Yes___ No___
6. Does anyone have chemical sensitivities? (Disinfectants, sprays, household cleaner, perfumes, colognes, etc.) Yes___ No___
7. Have you missed any work due to illness? Yes___ No___
8. How much do you spend on doctor bills and medications? _____

Part 4 Laundry Related

1. Do you own a washing machine? Yes_____ No_____
2. How much do you spend on detergents, fabric softeners, bleach, and hot water each month? _____
3. Do you have any problems with odors? Yes___ No___
4. Does anyone in your home have allergies due to detergent residue? Yes_____ No_____
5. Are you concerned about the chemicals and carcinogens used to make the products we use to clean our clothes? Yes___ No___
6. Would you like to save money as you wash clothes? Yes___ No___

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We also have solutions for:

Clean Fresh Air

Healthy Alkaline Drinking Water

Saving Money

Protecting the Environment

Better Health through Supplementation

Oxidative Stress

Be Proactive - Call for a Consultation!

John Kroner

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